



Individual Membership Application—2009

For Department use: USATF # _____

Application: New Renewal Age: _____ Gender: Male Female

Name: _____ Birthdate: ____/____/____

Address: _____

City: _____ State: _____ Zip+4: _____

Home: (____) _____ Work: (____) _____ FAX: (____) _____

E-Mail Address: _____

USATF Club Name: _____ Club Number: _____

Citizen of What Country: _____

Membership Category: (Pick one)

- Youth Athlete (AY - Under 19)
- Open Athlete (AO - 19 – 39)
- Masters Athlete (AV - 40 & Older)
- Coach (C0 C1 C2)
- Official (OA ON OM)
- Administrator (AD)

Sport(s) in which you compete:(Pick any that apply)

- Track (T)
- Field (F)
- Race Walking (W)
- Cross Country (X)
- Long Distance Running (R)
- Ultra-Running (U)

Membership Fee: (Pick one)

- Adult (age 19 or older) One Year Membership. Fee is \$30.00. Two Years: \$55.00
 - Adult (age 19 or older) Three Year Membership. Fee is \$80.00. Four Years: \$100.00
 - Youth (age 18 or younger) One Year Membership. Fee is \$20.00. Two Years: \$40.00
 - Youth (age 18 or younger) Three Year Membership. Fee is \$60.00. Four Years: \$80.00
- Birth Certificate Required in Youth Athletics.**

Birth Certificate Attached. Birth Certificate Already on File From 2008

Additional Tax Deductible Contribution: (Thank You)

I have included an additional \$ _____ Tax Deductible Contribution.

Signature: _____ Date: ____/____/____

(If under 18 must be signed by parent or guardian)

Make Checks payable to: USATF Mid-Atlantic

Mail Completed Applications to:

**Mid-Atlantic Assn
PO Box 662
Southeastern, PA 19399**